# <sup>4</sup>	MULTIPLE DEPENDENT CLAIM								SERIAL NO						
	FEE CALCULATION SHEET								3/5	12 21	Σ	41/20			
(FOR USE WITH FORM PTO-875)  APPLICANT(S)															
		**	1 4 72	TO D	7.72		CLAIM	<u>is</u>	<b>,</b>				<u> </u>		
•	AS FILED  IND.   DEP.			AFTER 1"AMENDMENT		AFTER  2 ** AMENDMENT			AS FILED		AFTER		AFTER 2 AMENDMENT		
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TOTAL CLADAS			12					TOTAL CLAIMS							
PTO - 1360	(REV. 11/04)								U P	S. DEPARTI atent and Tra	MENT of CO demark Office	MMERCE *			

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